

FAX TRANSMISSION**DATE:** October 21, 2003**PTO IDENTIFIER:** Application Number 09/829031-Conf. #1334
Title: **REVERSAL OF VIRAL-INDUCED
SYSTEMIC SHOCK AND RESPIRATORY
DISTRESS BY BLOCKADE OF THE
LYMPHOTOXIN BETA PATHWAY**

Filing Date: April 9, 2001

Inventor: Jeffrey L. Browning, et al.**OFFICIAL
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CENTRAL FAX CENTER****MESSAGE TO:** Examiner B. Li**FAX NUMBER:** (703) 872-9307

OCT 22 2003

FROM: LAHIVE & COCKFIELD, LLP

Amy E. Mandragouras

PHONE: (617) 227-7400**Attorney Dkt. #:** BGNA068**PAGES (Including Cover Sheet):** 6**CONTENTS:**Transmittal (1 page);
Three-Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Notice of Appeal (1 page);
Fee Transmittal (1 page in duplicate);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
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PTO/SB/21 (08-03)

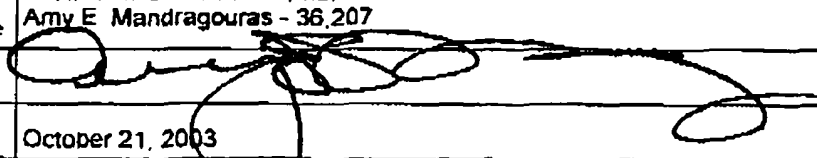
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/829031-Conf. #1334
		Filing Date	April 9, 2001
		First Named Inventor	Jeffrey L. Browning
		Art Unit	1648
		Examiner Name	B. Li
Total Number of Pages in This Submission	1	Attorney Docket Number	BGNA063

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Amy E. Mandragouras - 36,207
Signature	
Date	October 21, 2003

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Dated: October 21, 2003	Signature:  (Amy E. Mandragouras)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BGNA063	
In re Application of Jeffrey L. Browning, et al.			
Application Number 09/829031-Conf #1334		Filed April 9, 2001	
For REVERSAL OF VIRAL-INDUCED SYSTEMIC SHOCK AND RESPIRATORY DISTRESS BY BLOCKADE OF THE LYMPHOTOXIN BETA PATHWAY			
Art Unit 1848		Examiner B Li	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 12-0080. I have enclosed a duplicate copy of this sheet.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

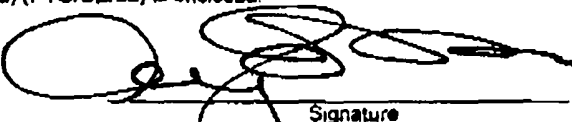
I am the

☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ attorney or agent of record. Registration number _____

☒ attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 36.207



 Signature
 Amy E. Mandragouras

 Typed or printed name
 (617) 227-7400

 Telephone number
 October 21, 2003

 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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